

**SEEC FORM 4****EXPLORATORY COMMITTEE REGISTRATION**  
**CONNECTICUT STATE ELECTION ENFORCEMENT COMMISSION**

Rev. 3/07

Page 1 of 2

Do Not Mark in This Space For  
Official Use Only**REGISTRATION TYPE**

- ☒ INITIAL  
☐ AMENDED

<b>1. ELECTION DATE</b>		<b>2. SUBTYPE OF EXPLORATORY COMMITTEE OFFICE BEING CONSIDERED (Check one below)</b>					
(mm/dd/yyyy)  Nov 2014		<input type="checkbox"/> <b>2a. Offices Include Statewide Office &amp; General Assembly</b> Including State Representative <input type="checkbox"/> Yes <input type="checkbox"/> No Including State Treasurer <input type="checkbox"/> Yes <input type="checkbox"/> No				<input checked="" type="checkbox"/> <b>2b. Offices Include Statewide Office only</b> Including State Treasurer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> <b>2c. Offices Include General Assembly only</b> Including State Representative <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> <b>2d. Municipal &amp; Other Offices Excluding those in Box 2a, 2b and 2c</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3. CANDIDATE NAME</b>							
Prefix Mr		First Timothy		MI	Last Herbst		Suffix
<b>4. CANDIDATE RESIDENCE ADDRESS</b>				<b>5. CANDIDATE MAILING ADDRESS (if different)</b>			
Street Address 97 Fairview Ave				Address			
City Trumbull		State CT	Zip Code 06611		City		State Zip Code
<b>6. CANDIDATE TELEPHONE (Include Area Code)</b>				<b>7. CANDIDATE E-MAIL ADDRESS</b>			
( 203 ) 581 — 1834				Timothy.Herbst@gmail.com			
<b>8. PARTY AFFILIATION</b>					<b>9. NAME OF COMMITTEE</b>		
<input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democratic <input type="checkbox"/> Other					Tim For Connecticut		
<b>10. COMMITTEE ADDRESS</b>							
Address 26 Dale Rd				City Trumbull		State CT	Zip Code 06611
<b>11. COMMITTEE E-MAIL ADDRESS</b>				<b>12. COMMITTEE WEB SITE ADDRESS</b>			
<b>13. TREASURER NAME</b>							
Prefix		First Loretta		MI	Last Chory		Suffix
<b>14. TREASURER RESIDENCE ADDRESS</b>				<b>15. TREASURER MAILING ADDRESS (if different)</b>			
Street Address 26 Dale Rd				Address			
City Trumbull		State CT	Zip Code 06611		City		State Zip Code
<b>16. TREASURER TELEPHONE (Include Area Code)</b>				<b>17. TREASURER E-MAIL ADDRESS</b>			
( 203 ) 258 — 0510				Jafraloretta@aol.com			
<b>18. DEPUTY TREASURER NAME</b>							
Prefix Mr		First Paul		MI	Last Lavoie		Suffix
<b>19. DEPUTY TREASURER RESIDENCE ADDRESS</b>				<b>20. DEPUTY TREASURER MAILING ADDRESS (if different)</b>			
Street Address 117 Meadowview Dr				Address			
City Trumbull		State CT	Zip Code 06611		City		State Zip Code
<b>21. DEPUTY TREASURER TELEPHONE</b>				<b>22. DEPUTY TREASURER E-MAIL ADDRESS</b>			
( 203 ) 314 — 3075				Paulslavoie@gmail.com			

**GO TO PAGE 2 TO COMPLETE DEPOSITORY AND CERTIFICATION**

**Notice:** Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.

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Page 2 of 2

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Timothy Herbst

**23. DEPOSITORY INSTITUTION NAME**

People's United Bank

**24. DEPOSITORY INSTITUTION ADDRESS**

Address	City	State	Zip Code
850 Main Street, Bridgeport, CT 06604			

**25. CERTIFICATION**

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this exploratory committee registration statement are true and accurate to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as my treasurer or deputy treasurer have indicated to me their acceptance of such position.

Timothy Herbst

01/03/2014

CANDIDATE (SIGNATURE)

DATE (mm/dd/yyyy)

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated Treasurer of this exploratory committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

Loretta Chory

01/03/2014

TREASURER (SIGNATURE)

DATE (mm/dd/yyyy)

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated Deputy Treasurer of this exploratory committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible to discharge all of the duties required of the vacating treasurer. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

Paul Lavoie

01/03/2014

DEPUTY TREASURER (SIGNATURE)

DATE (mm/dd/yyyy)

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